



Unity VFD
Allegheny County Station 233



Application for Membership

Date of Application : ____ / ____ / ____

Personal Information

Name: _____

Phone: (____) ____ - ____

Address: _____

Apt. No: _____

City: _____

State: _____

Zip Code: _____

Age: _____

D.O.B. : ____ / ____ / ____

S.S.N.: _____

Drivers License #: _____ State: ____ Expires: _____ Class: _____

Have you ever applied to / and or been a member of Unity VFD in the past ? Yes ____ No ____

If yes, please explain: _____

Have you ever been convicted of any crime other than a traffic violation ? Yes: ____ No: ____

If yes, please explain: _____

Are you able to perform the essential functions of this volunteer position with or without reasonable accommodations? Yes: ____ No: ____

Who may we contact in case of Emergency ?

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Employment Information

Present employer: _____ Occupation: _____ Phone: _____

Name of Manager/Supervisor: _____

How long have you been employed ? _____

May we contact your present employer for reference? Yes ____ No ____

Past employer: _____ Occupation: _____

Phone: _____ Name of Manager/Supervisor: _____

Length of employment: _____

Previous Fire, Rescue and EMS Experience

Name of Agency : _____
Address : _____
Length of Service : _____ Positions Held : _____
Certifications : _____

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Length of Service : _____ Positions Held : _____
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(PLEASE INCLUDE COPIES OF ALL CERTIFICATES WITH THIS APPLICATION)

Education Information

School Name: _____
Years Attended: _____ Did You Graduate ? Yes _____ No _____
Diploma, GED, or Degree Obtained: _____

School Name: _____
Years Attended: _____ Did You Graduate ? Yes _____ No _____
Diploma, GED, or Degree Obtained: _____

School Name: _____
Years Attended: _____ Did You Graduate ? Yes _____ No _____
Diploma, GED, or Degree Obtained: _____

References

Please list 3 references whom we may contact:

1. Name: _____ Phone: _____ Yrs. Known: _____

2. Name: _____ Phone: _____ Yrs. Known: _____

3. Name: _____ Phone: _____ Yrs. Known: _____

Were you referenced to Unity VFD by a current or past member ? Yes _____ No _____

If yes, please list name(s): _____

Type of Membership for which applying

_____ *Senior Firefighter:* Must be at least 18 years of age. Consists of Fire, Rescue and EMS duties.

_____ *Junior Firefighter:* 16 to 18 years of age. Consists of Fire, Rescue and EMS duties with certain limitations regarding Pennsylvania Child Labor Laws.

I, _____, do hereby submit this application for membership to the Unity Volunteer Fire Department of Plum Borough, Pennsylvania for the classification indicated above. I affirm that all statements made in this application are true and correct to the best of my knowledge. Any falsification of information will be grounds for separation from the department. I consent to a background investigation including a Pennsylvania State Police Criminal Record Check prior to my acceptance as a member. I further affirm that if accepted, I will abide by all rules, regulations, policies, motions and by-laws of the Unity Volunteer Fire Department.

Signature

(This part of the application is for department use only by the UVFD Board of Directors)

Date application Received: _____

Date Interviewed: _____

Interviewed by: _____

Criminal Record Check # _____

Date of Vote: _____

Comments :

